

FEC
FORM 3

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
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SECRETARY OF THE SENATE
PUBLIC RECORDS

12 NOV 28 PM 2:53

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110



Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

C C00413914

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT



NEW
(N) OR



AMENDED
(A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

NY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

NY

5. Covering Period

MM / DD / YYYY
04 / 01 / 2011

MM / DD / YYYY
06 / 30 / 2011

through

MM / DD / YYYY
06 / 30 / 2011

MM / DD / YYYY
06 / 30 / 2011

MM / DD / YYYY
06 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer

Karen Feldman

Date

MM / DD / YYYY
11 / 07 / 2011

MM / DD / YYYY
11 / 07 / 2011

MM / DD / YYYY
11 / 07 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)

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